								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10 18554					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		THAN ENTITY	
TOTAL CLAIMS			35			-	. 1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED NUM		BER EXTRA		BASIC F	EE 385.0	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			35 minus 20= *		•	15	X\$ 9		=	OA	X\$18=	270	
INDEPENDENT CLAIMS			/3 minus 3 = /			0		X43=		OR	X86=	860	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			+290=		
• 11	the difference	e in column 1 is	less than z	ess than zero, enter "0" in column 2				TOTAL	_	OR	L	1900	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATÉ	ADDI- TIONAL FEE	
	Total	. 35	Minus	- 3	5	-		X\$ 9=		OR	X\$18=		
	Independent	· /3	Minus	(2			X43=		OR	X86=		
	PINST PHESE	ENTATION OF M	ULTIPLE DE	PENDENI	CLAIM		Γ	+145=		OR	+290=		
, ,	1//	7					L	TOTA		OR	TOTAL ADDIT, FEE		
E	7704 (Column 1) (Column 2) (Column 3)							20,,,,,,,	- t	_	- D-11.7 EE1		
ENT 8	, ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.35	Minus	3	5	•		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus 3	HA / C	CLAIM	-	I	X43=		OR	X86=		
	Щ							+145=		OR	+290=		
							۰.	TOTAL		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							,			-DOM: FECE		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	- de	HIGHE NUMBI PREVIOL PAID FI	ST ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	T	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	RAN		=		X43=		1 1	X86=		
3	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							,,,,,,,	 	OR	700-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=		
- 1/	"If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL DOTT, FEE		
		ber Previously Paid					lound	t in the a	opropriate bo	x in cok	vmn 1.	ı	